## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1077072

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                     |  |  |                       |                                       |            |                  |             | SMALL ENTITY TYPE           |                        |         | OTHER THAN OF SMALL ENTITY   |                        |  |
|--|--|--|-----------------------|---------------------------------------|------------|------------------|-------------|-----------------------------|------------------------|---------|------------------------------|------------------------|--|
| To   | OTAL CLAIMS                                    | <del></del>  | 1                     | (COIGINITY)                           |            |                  |             |                             |                        | OR<br>T |                              |                        |  |
|  |  |  | US                    |                                       |            |                  |             | RATE                        | FEE                    | -       | RATE                         | FEE                    |  |
| FOR  |  |  | NUMBER                | NUMBER FILED .                        |            | BER EXTRA        |             | BASIC FEE                   | 385.00                 | OR      | BASIC FEE                    | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | 2∫ minus 20= * 5      |                                       |            |                  |             | X\$ 9=                      |                        | OR      | X\$18=                       | 90                     |  |
| INDEPENDENT CLAIMS   |  |  | minus 3 =             |                                       |            |                  |             | X43=                        |                        | OR      | X86=                         | 86                     |  |
| Mi   | JLTIPLE DEPER                                  | NDENT CLAIM P  | RESENT                |                                       |            |                  |             | +145=                       |                        | OR      | ÷290=                        |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in co |  |  |                       |                                       |            | column 2         | _           | TOTAL                       |                        | OR      | TOTAL                        | 946                    |  |
| CLAIMS AS AMENDED - PART II  |  |  |                       |                                       |            |                  |             |                             |                        | •       | OTHER                        | THAN                   |  |
| _  |  | (Column 1)   | (Column 2) (Column 3) |                                       |            | , ,              | SMALL       | ENTITY                      | OR                     | SMALL   | ENTITY                       |                        |  |
| ENT A  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                       | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO  | ER<br>USLY | PRESENT<br>EXTRA |             | RATE                        | ADDI-<br>TIONAL<br>FEE |         | RATE                         | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | *  | Minus                 | **                                    |            | =                |             | XS 9=                       |                        | OR      | X\$18=                       |                        |  |
| AME  | Independent                                    | * ENTATION OF MU   | Minus                 | ***                                   | CL AIM     | =                |             | X43=                        |                        | OR      | X86=                         |                        |  |
| <u> </u>   | FIRST PRESE                                    | INTATION OF WIL  | JEHPLE DE-            | 'ENDENT                               | CLAIIVI    |                  |             | +145=                       |                        | OR      | +290=                        |                        |  |
|  |  |  |                       |                                       |            |                  | _           | TOTAL                       |                        | OR      | TOTAL<br>ADDIT. FEE          |                        |  |
|  |  | (Column 1)   |                       | (Columi                               | n 2)       | (Column 3)       |             | DDIT. FEE                   | <u> </u>               | ] - /   | AUDII. PEE                   |                        |  |
| B  |  | CLAIMS   |                       | HIĞHE                                 | ST         |                  | ٦ [         | <del></del>                 | ADDI-                  |         |                              | ADDI-                  |  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT  |                       | NUMBE<br>PREVIOU<br>PAID FO           | JSLY       | PRESENT<br>EXTRA |             | RATE                        | TIONAL<br>FEE          |         | RATE                         | TIONAL<br>FEE          |  |
| AMENDMENT  | Total  | *  | Minus                 | **                                    |            | =                |             | X\$ 9=                      |                        | OR      | X\$18=                       |                        |  |
| ME   | Independent                                    | * .  | Minus                 | ***                                   |            | =                | ] [         | X43=                        |                        | OR      | X86=                         |                        |  |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                       |                                       |            |                  | <b>!</b>  - | ···                         |                        | ÌÌ      |                              |                        |  |
|  |  |  |                       |                                       |            |                  | L           | +145=                       |                        | OR      | +290=                        |                        |  |
|  |  |  |                       |                                       |            |                  |             | TOTAL<br>DDIT. FEE          |                        | OR      | TOTAL<br>ADDIT. FEE          |                        |  |
|  |  | (Column 1)   |                       |                                       |            |                  |             |                             |                        |         |                              |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                       | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY | PRESENT<br>EXTRA |             | RATE                        | ADDI-<br>TIONAL<br>FEE |         | RATE                         | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total  | *  | Minus                 | **                                    |            | =                |             | X\$ 9=                      |                        | OR      | X\$18=                       |                        |  |
| ME   | Independent                                    | *  | Minus                 | ***                                   | ·.         | =                |             | X43=                        |                        | OR      | X86=                         |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                       |                                       |            |                  | L           |                             |                        |         |                              |                        |  |
|  | FIRST PRESE                                    | NIATION OF ME  | JULIPLE DEP           | ENDENT                                |            |                  | 1 [         |                             | l                      |         |                              |                        |  |
|  |  |  |                       |                                       |            |                  |             | +145=                       |                        | OR      | +290=                        |                        |  |
| **   | f the entry in colur<br>f the "Highest Nur     | mn 1 is less than the mber Previously Pamber Pre | e entry in colun      | mn 2, write "0<br>S SPACE is le       | 0" in colu | 20, enter *20.*  | . L.        | +145=<br>TOTAL<br>DDIT. FEE |                        | OR      | +290=<br>TOTAL<br>ADDIT. FEE |                        |  |